Amendment/Reply Transmittal Letter
Application Serial No. 09/812,488
Attorney's Docket No. Verizon-3APP (01-VE02.70B)
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	No additional claim fee is required.
\boxtimes	An additional claim fee is required, and is calculated as shown below:

	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total				x \$18.00 =	
Claims	36	36	0		00.00
Ind.		· · ·		x \$86.00 =	
Claims	8	6	2		172.00
If Amenda	ment adds mu	Itiple dependent cla	aims, add \$280	0.00	
Total Ame	endment Fee				
If Small e	ntity status is	claimed, subtract 5	0% of Total A	mendment Fee	
TOTAL	ADDITIONA	L FEE DUE FOR	THIS AMEN	DMENT	172.00

	A claim fee in the amount of \$ is enclosed.
X	Charge \$172.00 to Deposit Account no. 07-2347.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 07-2347 and please credit any excess fees to such deposit account.